

**United States Bankruptcy Court**  
**Eastern District of Texas**

In re **Med-Depot, Inc. d/b/a Hospice Source**

Debtor

Case No. **13-41815**Chapter **11**

**SUMMARY OF SCHEDULES - AMENDED**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	0.00		
B - Personal Property	Yes	3	6,572,075.00		
C - Property Claimed as Exempt	No	0			
D - Creditors Holding Secured Claims	Yes	2		18,776,330.74	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	4		355,770.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	1		0.00	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	No	0			N/A
J - Current Expenditures of Individual Debtor(s)	No	0			N/A
Total Number of Sheets of ALL Schedules		13			
Total Assets			6,572,075.00		
Total Liabilities				19,132,100.74	

In re **Med-Depot, Inc. d/b/a Hospice Source**Case No. **13-41815**

Debtor

**SCHEDULE B - PERSONAL PROPERTY - AMENDED**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	X			
3. Security deposits with public utilities, telephone companies, landlords, and others.		Deposits with Various Utilities and Landlords	-	68,058.00
4. Household goods and furnishings, including audio, video, and computer equipment.	X			
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.	X			
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			

Sub-Total > **68,058.00**  
(Total of this page)

2 continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **Med-Depot, Inc. d/b/a Hospice Source**

Case No. 13-41815

Debtor

**SCHEDULE B - PERSONAL PROPERTY - AMENDED**  
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	<b>X</b>			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	<b>X</b>			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	<b>X</b>			
14. Interests in partnerships or joint ventures. Itemize.	<b>X</b>			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	<b>X</b>			
16. Accounts receivable.		<b>Multiple Customer Accounts Receivable</b>	<b>-</b>	<b>945,879.00</b>
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	<b>X</b>			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	<b>X</b>			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.		<b>Claims against Kenny Baker for violations of fiduciary duty and usurpation of corporate opportunities</b>	<b>-</b>	<b>Unknown</b>

Sub-Total > **945,879.00**  
(Total of this page)

Sheet 1 of 2 continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **Med-Depot, Inc. d/b/a Hospice Source**

Case No. **13-41815**

Debtor

**SCHEDULE B - PERSONAL PROPERTY - AMENDED**  
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		<b>Vehicles Used in Operation of Business</b>	-	<b>1,365,397.00</b>
26. Boats, motors, and accessories.	<b>X</b>			
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.		<b>Office and Warehouse Furniture, Computers</b>	-	<b>125,000.00</b>
29. Machinery, fixtures, equipment, and supplies used in business.	<b>X</b>			
30. Inventory.		<b>See Attachment B-30</b>	-	<b>4,067,741.00</b>
31. Animals.	<b>X</b>			
32. Crops - growing or harvested. Give particulars.	<b>X</b>			
33. Farming equipment and implements.	<b>X</b>			
34. Farm supplies, chemicals, and feed.	<b>X</b>			
35. Other personal property of any kind not already listed. Itemize.	<b>X</b>			

Sub-Total > **5,558,138.00**  
(Total of this page)  
Total > **6,572,075.00**

Sheet **2** of **2** continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

B6D (Official Form 6D) (12/07)

In re **Med-Depot, Inc. d/b/a Hospice Source**Case No. **13-41815**

Debtor

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS - AMENDED**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R E D, N A T U R E O F L I E N, A N D D E S C R I P T I O N A N D V A L U E O F P R O P E R T Y S U B J E C T T O L I E N	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M W I T H O U T D E D U C T I N G V A L U E O F C O L L A T E R A L	U N S E C U R E D P O R T I O N, I F A N Y
Account No.			02/18/2013					
Century Tokyo Leasing (USA) Inc. c/o Megan M. Adeyemo 555 Seventeenth Street, Suite 3400 Denver, CO 80202			Certificate of Title  Four (4) Vehicles					
			Value \$ 120,376.00				122,628.00	2,252.00
Account No.			01/17/2013					
Drive Credit Company 1719 Route 10 East, Suite 306 Parsippany, NJ 07054			UCC-1  Equipment					
			Value \$ 24,898.00				25,519.00	621.00
Account No.			Various					
Invacare c/o James Billingsley 2501 N. Harwood Street, Suite 1900 Dallas, TX 75201			UCC-1  Inventory and Recievables					
			Value \$ Unknown				2,391,530.00	Unknown
Account No.			03/23/2011					
Key Equipment Finance Inc. PO Box 74713 Cleveland, OH 44194-0796			UCC-1  Equiptment					
			Value \$ 138,029.00				142,049.00	4,020.00
Subtotal (Total of this page)							2,681,726.00	6,893.00

1 continuation sheets attached

B6D (Official Form 6D) (12/07) - Cont.

In re **Med-Depot, Inc. d/b/a Hospice Source**

Case No. **13-41815**

Debtor

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS - AMENDED**  
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
			DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN					
Account No.			<b>05/26/2011</b>					
<b>Texas Capital Bank</b> <b>c/o Mark X. Mullin</b> <b>2323 Victory, Suite 700</b> <b>Dallas, TX 75219</b>			<b>UCC-1</b>  <b>All Personal Property</b>					
			Value \$ <b>Unknown</b>				<b>2,415,625.92</b>	<b>Unknown</b>
Account No.			<b>05/26/2011</b>					
<b>Texas Capital Bank</b> <b>c/o Mark X. Mullin</b> <b>2323 Victory, Ste. 700</b> <b>Dallas, TX 75219</b>			<b>UCC-1</b>  <b>All Personal Property</b>					
			Value \$ <b>Unknown</b>				<b>1,570,697.82</b>	<b>Unknown</b>
Account No.			<b>05/26/2011</b>					
<b>Westbury Investment Partners SBIC,</b> <b>LP</b> <b>c/o Patrick Collins</b> <b>1320 RXR Plaza</b> <b>Uniondale, NY 11556</b>			<b>UCC-1</b>  <b>All Personal Property</b>					
			Value \$ <b>Unknown</b>				<b>12,108,281.00</b>	<b>Unknown</b>
Account No.								
			Value \$					
Account No.								
			Value \$					

Sheet **1** of **1** continuation sheets attached to  
Schedule of Creditors Holding Secured Claims

Subtotal  
(Total of this page)

**16,094,604.74**

**0.00**

Total  
(Report on Summary of Schedules)

**18,776,330.74**

**6,893.00**

In re **Med-Depot, Inc. d/b/a Hospice Source**

Case No. **13-41815**

Debtor

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

### TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

#### ☐ Domestic support obligations

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

#### ☐ Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

#### ☒ Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

#### ☒ Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

#### ☐ Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$6,150\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

#### ☐ Deposits by individuals

Claims of individuals up to \$2,775\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

#### ☒ Taxes and certain other debts owed to governmental units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

#### ☐ Commitments to maintain the capital of an insured depository institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

#### ☐ Claims for death or personal injury while debtor was intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (4/13) - Cont.

In re **Med-Depot, Inc. d/b/a Hospice Source**

Case No. **13-41815**

Debtor

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
(Continuation Sheet)

**Wages, salaries, and commissions**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
									AMOUNT ENTITLED TO PRIORITY
Account No.				July 21, 2013 - July 26, 2013					
Various Employees (See Exhibit A)				Wages					0.00
								97,498.00	97,498.00
Account No.									
Account No.									
Account No.									
Account No.									
Subtotal									0.00
(Total of this page)								97,498.00	97,498.00

Sheet **1** of **3** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims



B6E (Official Form 6E) (4/13) - Cont.

In re **Med-Depot, Inc. d/b/a Hospice Source**

Case No. **13-41815**

Debtor

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
(Continuation Sheet)

**Contributions to employee benefit plans**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
									AMOUNT ENTITLED TO PRIORITY
Account No.				<b>July 21, 2013 - July 26, 2013</b>					
<b>Various Employees</b>				<b>Empoloyee Benefits</b>					<b>0.00</b>
								<b>71,394.00</b>	<b>71,394.00</b>
Account No.									
Account No.									
Account No.									
Account No.									
Account No.									
Subtotal									<b>0.00</b>
(Total of this page)								<b>71,394.00</b>	<b>71,394.00</b>

Sheet **2** of **3** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (4/13) - Cont.

In re **Med-Depot, Inc. d/b/a Hospice Source**

Case No. **13-41815**

Debtor

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
(Continuation Sheet)

**Taxes and Certain Other Debts  
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H U S B A N D , W I F E , J O I N T , O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.								
<b>Payroll Taxes</b>		-						0.00
							22,424.00	22,424.00
Account No.			<b>First Quarter 2012</b>					
<b>Texas Comptroller c/o John Stern P.O. Box 12458 Austin, TX 78711-2548</b>		-	<b>Franchise Taxes</b>			X		0.00
							65,000.00	65,000.00
Account No.			<b>January 1, 2013</b>					
<b>Various Ad Valorem Taxes (See Exhibit B)</b>		-						0.00
							99,454.00	99,454.00
Account No.								
Account No.								
Subtotal (Total of this page)							186,878.00	0.00
Total (Report on Summary of Schedules)							355,770.00	0.00
							186,878.00	186,878.00
							355,770.00	355,770.00

Sheet **3** of **3** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

*Attached A*

Griffin	Anthony	Dispatch Team Lead	\$34,028.80	\$654.40
Hairell	Kathryn	Site Manager	\$31,902.00	\$613.50
Harmoning	Tammi	Director Of Finance	\$70,000.06	\$1,346.16
Harris	Austin	Patient Care Associate	\$22,880.00	\$440.00
Hayden	James	Patient Care Associate	\$24,460.80	\$470.40
Henderson	Amy	Sr Business Operations Specialist	\$42,952.00	\$826.00
Henry	William	Patient Care Associate	\$22,880.00	\$440.00
Ivins	Michael	Respiratory Therapist	\$41,600.00	\$800.00
Jackson	Washonda	DCSD Supervisor	\$38,480.00	\$740.00
Jaime	Jorge	Patient Care Associate	\$25,521.60	\$490.80
Jernigan	Patricia	Site Manager	\$46,789.60	\$899.80
Johnson	Craig	Patient Care Lead	\$36,420.80	\$700.40
Johnson	Lawrence	Patient Care Associate	\$25,792.00	\$496.00
Jones	Christopher	Patient Care Lead	\$32,760.00	\$630.00
Jordan	James	Distribution Analyst	\$62,000.12	\$1,192.31
Kees	Derrick	Patient Care Associate	\$25,313.60	\$486.80
King	Christopher	Patient Care Associate	\$24,960.00	\$480.00
Knight	Shawn	Director of Clinical Services	\$59,999.94	\$1,153.85
Kober	Jeffery	Site Manager	\$49,079.94	\$943.85
LeBlanc	Marlee	Director of Human Resources	\$75,000.12	\$1,442.31
Loera	Sergio	Patient Care Associate	\$24,460.80	\$470.40
Lynn	Richard	Patient Care Associate	\$22,505.60	\$432.80
Madrigal Jr	Anthony	Patient Care Associate	\$28,080.00	\$540.00
Manderscheid	Mark	Area Operations Manager	\$75,000.12	\$1,442.31
March	Christopher	Patient Care Associate	\$14,976.00	\$288.00
Marks	Maurice	Patient Care Associate	\$29,785.60	\$572.80
Marovich	Collin	Patient Care Associate	\$28,600.00	\$550.00
Martinez	Mariano	Patient Care Associate	\$23,400.00	\$450.00
Mattozo	JoHann	Patient Care Associate	\$22,360.00	\$430.00
McFarland	Michael	Patient Care Associate	\$23,920.00	\$460.00
Montgomery	Matthew	Site Manager	\$31,200.00	\$600.00
Monych	Charles	Patient Care Associate	\$24,460.80	\$470.40
Morales	Carlos	Patient Care Associate	\$24,960.00	\$480.00
Morgret	Terry	Patient Care Associate	\$22,339.20	\$429.60
Morris	John	Patient Care Associate	\$27,643.20	\$531.60
Morse	Ryan	Patient Care Associate	\$23,920.00	\$460.00
Mouton	Romell	Patient Care Associate	\$24,460.80	\$470.40
Muniz	Michael	Patient Care Associate	\$22,880.00	\$440.00
Murillo	Benito	Patient Care Associate	\$23,920.00	\$460.00
Nagel	Kelli	Site Manager	\$29,120.00	\$560.00
Nava	Marcos	Patient Care Associate	\$20,800.00	\$400.00
Nicholas	Terri	Customer Service Associate	\$24,960.00	\$480.00
Noel	Chelsea	Accounts Payable Coordinator	\$28,080.00	\$540.00
Nolan	Kelly	Patient Care Associate	\$28,392.00	\$546.00
Nuban	Kambiz	Account Manager	\$51,125.10	\$983.18
Parales	Ericson	Patient Care Associate	\$22,339.20	\$429.60
Pollet	John	Patient Care Associate	\$25,979.20	\$499.60

*Attachment A*

Queen	Cornelia	Director, Business Operations Dev.	\$72,316.14	\$1,390.70
Ramirez	Cesar	Patient Care Associate	\$21,840.00	\$420.00
Regino	Robert	Site Manager	\$38,854.92	\$747.21
Ricarte	Francisco	Patient Care Associate	\$21,840.00	\$420.00
Richardson	Jeffrey	Patient Care Associate	\$24,460.80	\$470.40
Rivera	Juan	Patient Care Associate	\$23,400.00	\$450.00
Rodgers	Conrad	Patient Care Lead	\$26,520.00	\$510.00
Rodriguez	Roberto	Patient Care Associate	\$20,800.00	\$400.00
Rodriguez	Steven	Patient Care Associate	\$24,460.80	\$470.40
Rodriguez	James	Patient Care Associate	\$24,460.80	\$470.40
Rosich	Anthony	CFO	\$149,999.98	\$2,884.62
Rossell	Samantha	HR Administrator	\$29,993.60	\$576.80
Sabado	James	Site Manager	\$30,000.10	\$576.93
Salazar	Federico	Patient Care Associate	\$24,460.80	\$470.40
Sanchez	James	Patient Care Associate	\$27,851.20	\$535.60
Sanders	Brittney	Customer Service Associate II	\$26,520.00	\$510.00
Schanaman	Calessa	Quality Assurance Associate	\$7,150.00	\$137.50
Schanaman	Nashion	Repair Technician	\$22,880.00	\$440.00
Schanaman	Edwin	COO	\$149,999.98	\$2,884.62
Sewald	John	Patient Care Associate	\$23,920.00	\$460.00
Shallenbarger	Gary	Patient Care Associate	\$24,460.80	\$470.40
Soehren	Christopher	Patient Care Associate	\$23,400.00	\$450.00
Soto	Victor	Patient Care Lead	\$26,000.00	\$500.00
Southwick	Jodi	Customer Service Manager	\$60,327.54	\$1,160.15
Southwick	Gene	Director of Logistics	\$86,912.54	\$1,671.40
Stevenson	Keri	Patient Care Associate	\$22,880.00	\$440.00
Stirton	Renea	Site Manager	\$43,135.04	\$829.52
Sweats	Melvin	Patient Care Associate	\$23,400.00	\$450.00
Thomas	Brandon	Patient Care Associate	\$21,320.00	\$410.00
Thorne	Wilfred	Account Manager	\$51,125.10	\$983.18
Tidwell	Luke	Account Manager	\$56,237.48	\$1,081.49
Torres	Jose	Patient Care Associate	\$24,460.80	\$470.40
Trevino	Ricardo	Site Manager	\$43,456.40	\$835.70
Trosclair	David	Patient Care Associate	\$23,920.00	\$460.00
Valdez	Sergio	Patient Care Associate	\$21,840.00	\$420.00
Vasquez	Jorge	Site Manager	\$35,499.88	\$682.69
Viers	Derek	Patient Care Associate	\$26,790.40	\$515.20
Villalobos	Armando	Site Manager	\$35,499.88	\$682.69
Wade	James	Warehouse Technician	\$21,278.40	\$409.20
Wahls	Blake	Patient Care Lead	\$34,028.80	\$654.40
Warren	Michael	Patient Care Associate	\$28,392.00	\$546.00
Wells	John	Patient Care Associate	\$23,920.00	\$460.00
Welty	James	Patient Care Associate	\$22,880.00	\$440.00
West	Jeffrey	CEO	\$249,999.88	\$4,807.69
Williams	Georgiardell	Quality Assurance Associate	\$30,160.00	\$580.00
Williams	Michael	Account Manager	\$66,462.50	\$1,278.13
Williams	Delwin	Patient Care Associate	\$22,880.00	\$440.00

*Attachments A*

Williams	John	Respiratory Therapist	\$46,800.00	\$900.00
Williams Jr	Kenneth	Patient Care Associate	\$26,790.40	\$515.20
Wimbish	Michael	Warehouse Technician	\$23,920.00	\$460.00
Wolff	Richard	IT Director	\$54,999.88	\$1,057.69
Wright	Russell	Patient Care Associate	\$24,460.80	\$470.40
Young	Jeffrey	Site Manager	\$32,965.40	\$633.95
Ziegler	Daniel	Patient Care Associate	\$24,460.80	\$470.40

Officers Highlighted

Attachment B

## 2013 Property Tax Estimates

Location	Address	County	City	ST	ZIP	Estimated Taxed January 1-July 26, 2013
1000 - CORPORATE	1200 COMMERCE DRIVE #100	COLLIN	PLANO	TX	75093	2,726.01
1010 - FARMERS BRANCH	3113 GARDEN BROOK DRIVE	DALLAS	FARMERS BRANCH	TX	75234	18,590.95
2110 - DENTON	2321 MASCH BRANCH ROAD #323	DENTON	DENTON	TX	76207	55.65
2120 - GRAND PRAIRIE	2669 AERO DRIVE	TARRANT	GRAND PRAIRIE	TX	75052	13,015.20
2130 - RICHARDSON	500 E ARAPAHO ROAD #403	DALLAS	RICHARDSON	TX	75081	409.12
2150 - TYLER	12444 HWY 155 SOUTH - UNIT A3	SMITH	TYLER	TX	75703	3,913.74
2160 - WACO	808 E PANTHERWAY	MCLENNAN	WACO	TX	76712	24.11
2170 - TEMPLE	401 B COTTINGHAM DRIVE	BELL	TEMPLE	TX	76504	6,202.55
2180 - CADDO MILLS	3169 IH 30W #1	HUNT	CADDO MILLS	TX	75135	737.36
2210 - AUSTIN	8906 WALL STREET #602	TRAVIS	AUSTIN	TX	78754	7,126.29
2220 - SAN MARCOS	118 HAYS STREET	HAYS	SAN MARCOS	TX	78666	216.93
2230 - SAN ANTONIO	5319 JACKWOOD DRIVE	BEXAR	SAN ANTONIO	TX	78238	8,199.80
2310 - HOUSTON	4500 W 34TH #D	HARRIS	HOUSTON	TX	77092	10,401.61
2320 - COLLEGE STATION	2151 HARVEY MITCHELL PKWY #306	BRAZOS	COLLEGE STATION	TX	77840	2,625.10
2330 - BEAUMONT	6640 WESTWOOD BLVD	JEFFERSON	BEAUMONT	TX	77707	5,050.45
2350 - CONROE	3704 HILLTOP DRIVE #100	MONTGOMERY	CONROE	TX	77303	1,088.50
2410 - CORPUS CHRISTI	802 N NAVIGATION #204	NUECES	CORPUS CHRISTI	TX	78408	612.82
2420 - MCALLEN	417 E CEDAR #H	HIDALGO	MCALLEN	TX	78501	4,501.74
2430 - HARLINGEN	2125 N 77 SUNSHINE STRIP #4	CAMERON	HARLINGEN	TX	78550	515.22
2510 - EL PASO	9401 CARNEGIE #S 2 C&D	EL PASO	EL PASO	TX	79925	2,651.45
2520 - LUBBOCK	8399 AVENUE F	LUBBOCK	LUBBOCK	TX	79404	1,102.65
2530 - AMARILLO	1720 S NELSON STREET #B	POTTER	POTTER	TX	79103	2,175.80
3010 - TEXARKANA	2003 CHELF ROAD #102	BOWIE	BOWIE	TX	75501	1,484.61
3080 - RIVERSIDE	4104 NW RIVERSIDE ST	PLATTE	RIVERSIDE	MO	64150	6,026.49
Totals for Properties:						99,454.18

B6H (Official Form 6H) (12/07)

In re **Med-Depot, Inc. d/b/a Hospice Source**

Case No. **13-41815**

Debtor

### SCHEDULE H - CODEBTORS - AMENDED

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
<b>Med-Depot Holdings, Inc.</b> <b>1200 Commerce Drive, Suite 100</b> <b>Plano, TX 75093</b>	<b>Texas Capital Bank</b> <b>c/o Mark Mullin</b> <b>Haynes &amp; Boone LLP</b> <b>2323 Victory Ave., Suite 700</b> <b>Dallas, TX 75219</b>
<b>Med-Depot Holdings, Inc.</b> <b>1200 Commerce Drive, Suite 100</b> <b>Plano, TX 75093</b>	<b>Westbury Investment Partners SBIC, LP</b> <b>c/o Patrick Collins</b> <b>Farrell Fritz, P.C.</b> <b>1320 RXR Plaza</b> <b>Uniondale, NY 11556</b>

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continuation sheets attached to Schedule of Codebtors